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EXAMINER

COVER LETTER

SUBJECT: U.S. DEGAT (Name of Limited Line)	ech LLC ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Billy Guttar (Contact Person)	
U.S. Mortgage Fur	ding
4770 NW 2nd Aire	nue to Esse.
Bocci Rator Fl 3 (City/State and Zip Code)	SEGRETARY OF STATE PAIL AHASSEE, FLORID
For further information concerning this matter, ple	ease call:
Billy Gruhov at (A	DEU EE OUNU
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Clifton Building

TO: Registration Section

Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	e limited liability company as it US Debt Te	appears on the records of the FI	orida Department
2. This limited liab	bility company was organized u	inder the laws of:	
4. I, DOWN (Print is resignation in w	Name of Person Resigning) ability company and affirm the	his limited liability company is: , hereby resign as a	ASSECTION OF THE PARTY OF THE P
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		